

Questions and Answers
June 23, 2015
**DHMH/OPASS-15-14550—Development of Medicaid Integrated
Delivery Network for Dually-Eligible Individuals in Maryland**

Stakeholder Plan

Please clarify the delivery date for the finalized Stakeholder Plan. The RFP references two different dates August 31, 2015 on p. 25 and July 31, 2015 on p. 27.

Given the extended timeline of the solicitation period, the State will revise all deliverable dates to generic months (i.e., end of Month 1, etc.) in the RFP amendment.

Section 3.2.1.1.1, page 25, states “The Department will expect a completed Stakeholder Engagement Plan by August 31, 2015.” However, Section 3.2.2.1 Finalized Stakeholder Engagement Plan, says “per 3.2.1.1 (due July 31, 2015).” Please clarify whether the final Stakeholder Engagement Plan is due July 31 or August 31.

The State will draft a Stakeholder Engagement Plan prior to the Go-Live date of this contract, which the selected Contractor will be expected to provide inputs for and finalize with the Department by the end of Month 1 of the contract. The RFP is being amended to remove specific dates.

The RFP notes that the contractor will work with the Department to review and revise a Stakeholder Engagement Plan drafted by the Department. Does the State anticipate providing the contractor with a fully developed draft of the Stakeholder Engagement Plan or is it anticipated that the contractor will be supporting the state in developing and drafting components of the Stakeholder Engagement?

The State will draft a Stakeholder Engagement Plan prior to the Go-Live date of this contract, which the selected Contractor will be expected to provide inputs for and finalize with the Department by the end of Month 1 of the contract.

25, 27 3.2.1.1 Section 3.2.1.1.1 states “The Department will expect a completed Stakeholder Engagement Plan by August 31, 2015.” Deliverable 3.2.1.1 states “3.2.2.1 Finalized Stakeholder Engagement Plan, per 3.2.1.1 (due July 31, 2015)” Please clarify the correct date for the delivery of the Stakeholder Engagement Plan?

The State will draft a Stakeholder Engagement Plan prior to the Go-Live date of this contract, which the selected Contractor will be expected to provide inputs for and finalize with the Department by the end of Month 1 of the contract. The RFP is being amended to remove specific dates.

25 3.2.1.1.3 The Contractor will also need to assist with implementation of the engagement plan by taking the following actions.... Please clarify if the Contractor will be responsible for event management or meeting logistics or other back office support for the Stakeholder Engagement meetings, or only for those items listed in section 3.2.1.1.3?

The Contractor will be expected to provide in-person facilitation of key components of the Medicaid IDN design. The State will be responsible for meeting logistics and other back-office support.

25 3.2.1.1.1a. b. Stakeholder engagement...a. Identifies key stakeholders...b. Identifies informal stakeholders... Please clarify the difference between a “key” and “informal” stakeholder? Does the Department prefer separate meetings for each type of stakeholder or could both “key” & “informal stakeholders” attend a “joint” meeting?

The Department will provide this level of detail in its draft Stakeholder Engagement Plan, which will be eventually shared with the selected Contractor. For the purposes of the proposal, Offerers should describe how they would approach the stakeholder process, what expertise they could offer in terms of finalizing the plan and any experience they have had in implementing stakeholder processes.

25 3.2.1.1.3 b. Ensure Contractor personnel are in attendance at each stakeholder meeting While the Medicaid IDN pilot is anticipated to be implemented in a limited geographic area (section 3.1 first paragraph), the stakeholder engagement plan & implementation is to include stakeholders from all regions of the state. Does the Department envision that all IDN workgroups will occur at Department facilities centralized in the greater Baltimore area (MD All Payer workgroups are held at HSCRC) or will some workgroup meetings be held throughout the state?

This will be determined by the Department when it drafts the Stakeholder Engagement Plan.

Technical/Integrated Delivery Network-Specific

Please confirm that the Medicaid IDN would serve both elderly and non-elderly dual eligible individuals.

Yes, the Medicaid IDN will serve both elderly and non-elderly dually-eligible individuals.

What is the role of the existing ACOs in the state as it relates to the Medicaid IDN or the statewide IDN? To what extent and in what way does the State intend to leverage these existing ACOs?

The Medicaid IDN for duals will target dually-eligible individuals not already participating in another arrangement such as existing Medicare ACOs, Medicare Advantage plans or Medicaid Chronic Health Homes. As part of the array of service delivery systems in Maryland, existing ACOs will be expected to align with broader IDN efforts at the state level, whose development is integrated with the Medicaid IDN. The State will take into consideration the participation of representatives from Medicare ACOs in its Stakeholder Engagement Plan.

To what extent if any will the awarded vendor have access to Maryland Medicaid, Medicare data (Onsite, offsite or remote)?

The analysis of relevant data will play a critical role in the development of the Medicaid IDN, especially in determining provider and enrollee recruitment and an attribution strategy. Maryland Medicaid maintains a contract with the Hilltop Institute at the University of Maryland, Baltimore County (UMBC), who will run the various analyses for this project.

Will expertise with HSCRC data enhancement tools such as APR DRGs, PPCs, PPRs, and EAPGs be considered desirable experience for the proposed consulting staff?

While not specifically articulated in the RFP and therefore not part of the official evaluation criteria, the State encourages Offerers to highlight any perceived beneficial skills possessed by its proposed staff.

General Information The Department of Health and Mental Hygiene (the Department) is issuing this Request for Proposals (RFP) to provide support for the development of an Integrated Delivery Network serving individuals dually-enrolled in Medicaid and Medicare (“dual eligibles”) in the State of Maryland. Does the Medicaid Integrated Delivery Network envisioned in this RFP include only full benefit duals members or does it cover partial duals as well?

The Medicaid IDN is envisioned to serve full duals only.

26 3.2.1.6 Technical assistance in the design of the lead entity and governance structure of the Medicaid IDN Can Maryland provide a list of benefits included in the Medicaid IDN – is it all benefits, including pharmacy and HCBS?

At the point, we envision including all services. It is possible that certain benefits may be identified for exclusion over the course of the contracting period.

26 3.2.1.6 Technical assistance in the design of the lead entity and governance structure of the Medicaid IDN Please clarify if the lead entity will be responsible for the Medicaid IDN only or the Medicare IDN too? Or is this part of the topic for TA as it is yet to be determined?

There will be a lead entity specifically for the Medicaid IDN, which will need to benefit from strong connections with other statewide delivery system reform entities.

Please describe the State's expectations of the contractor in coordinating with broader state innovation efforts. Is it anticipated the contractor will be participating in regular state meetings?

As described in the Background and Purpose section, the Maryland Medicaid program works in close collaboration with the Health Services Cost Review Commission (HSCRC) and other state entities, stakeholders and contractors on broader service delivery reform efforts. It is possible that the selected Contractor will need to attend certain state and/or stakeholder meetings. The HSCRC website (hscrc.maryland.gov) can provide more information on the nature and frequency of such meetings.

Section 3.1, Background and Purpose, page 24 (last sentence in first paragraph), "The Medicaid IDN is anticipated to be piloted in a limited geographic area, with the possibility of extending statewide." Does the State have any specific geographic area – or areas – in mind for an anticipated pilot? If yes or no, what factors does the State consider relevant in order to target pilot geographic area(s)? Is the State interested in targeting ONE geographic area or MORE THAN ONE geographic area for a pilot activity?

The State will rely on the stakeholder process to determine the best way forward. The IDN will be expected to align with the All-Payer Model/Global Budget system. Additionally, the State Medicaid Agency will play a role in the state-level governance of the duals IDN.

Could the State clarify if it intends to develop only one dual IDN or, if it intends to develop/contract with multiple dual IDNs? Has the state identified a targeted geographic area for the pilot, or is that still to be determined?

The State will rely on the stakeholder process to determine the best way forward. The IDN will be expected to align with the All-Payer Model/Global Budget system. Additionally, the State Medicaid Agency will play a role in the state-level governance of the duals IDN.

The RFP requires that the contractor submit fully-completed drafts of Medicaid and Medicare waiver applications. Please clarify the State's expectations of the contractor in the development of the fully-completed drafts. Does the State anticipate the contractor will have supported the State in the development of waiver concept papers and review and negotiation of waiver application drafts with CMS? When does State anticipate submitting the Medicaid and Medicare waivers to CMS for official review?

Section 3.2.2.3 of the RFP (pg. 27) details the State's expectation from the Contractor regarding the waiver application(s), and the drafted waiver application(s) encompass 30 percent of the total cost of the contract. The State anticipates working in conjunction with the Contractor to prepare the waiver application(s), but that the heavy lifting in drafting the application(s) will be carried by the Contractor.

Shared Savings/Actuary

The RFP notes that the Contractor will collaborate with a State-designated actuarial firm to develop the shared savings model? Could the State identify the actuarial firm, or if one has not been designated at this time, describe the state selection process?

The State will utilize the actuarial services of Optumas, with whom it worked on SIM Round 1.

Section 3.2, Scope of Work Requirements, page 25, Requirement 3.2.1.2, identifies technical assistance in the development of the Medicaid IDN shared savings model, "The Contractor must work in collaboration with an actuarial firm to be designated by the State..." Has the actuarial firm been identified/designated? If no, will a separate procurement be issued to secure the desired actuarial firm? Will the actuarial contract award be funded as part of the CMMI SIM Design award?

The State will utilize the actuarial services of Optumas, with whom it worked on SIM Round 1.

25 3.2.1.2 The Contractor must work in collaboration with an actuarial firm to be designated by the State to design a shared savings model that... Does Maryland anticipate that the selected vendor would load and summarize detailed claims and encounter data needed to compute a shared savings model described in section 3.2.1.2 or is the scope to assist in developing the methodology only and to assist the other actuarial firm noted in the RFP? Please define the scope of this relationship.

The RFP's scope of work is being revised to remove the shared savings component of the technical assistance and deliverables. The Contractor will be expected to consider how the Medicaid IDN's design components will fit into a statewide shared savings mechanism but will not be required to develop the shared savings model itself. The State's actuary will continue to develop an overall cost and expenditure model.

25 3.2.1.2 The Contractor must work in collaboration with an actuarial firm to be designated by the State to design a shared savings model that... More generally, does Maryland anticipate the Contractor will be performing the shared savings calculation or assisting in designing the shared savings model? Please define the scope of this relationship.

The RFP's scope of work is being revised to remove the shared savings component of the technical assistance and deliverables. The Contractor will be expected to consider how the Medicaid IDN's design components will fit into a statewide shared savings mechanism but will not be required to develop the shared savings model itself. The State's actuary will continue to develop an overall cost and expenditure model.

25 3.2.1.2 The Contractor must work in collaboration with an actuarial firm to be designated by the State to design a shared savings model that... Does Maryland anticipate that the design of the shared savings model include a forecast potential savings under the model? Or does the State anticipate that the vendor should design the model then retrospectively calculate savings post implementation?

The RFP's scope of work is being revised to remove the shared savings component of the technical assistance and deliverables. The Contractor will be expected to consider how the Medicaid IDN's design components will fit into a statewide shared savings mechanism but will not be required to develop the shared savings model itself. The State's actuary will continue to develop an overall cost and expenditure model.

Budget

Attachment F Financial Proposal. The Financial Proposal Form shall contain all price information in the format specified on these pages. Can Maryland provide an expected total budget for the development of the state-wide health innovation plan based on this contract? Will the State consider advising bidders of a "not to exceed" amount?

The Department does not, at this time, have a "not to exceed amount" for this project.

Section 3.1, Background and Purpose, page 24 describes the CMMI funding source under SIM Design grants. What is the State's budget for the work outlined in this RFP?

The Department has not outlined a budget at this time.

Application Process

Section 3.1, Background and Purpose , page 24, states, "The Contract will not be awarded until the State receives the approval of its State Innovation Model (SIM) Design resubmission from the Center for Medicare and Medicaid Innovation (CMMI) at CMS. The funds associated with this approval have been awarded but not released. Release of the funds is expected to be imminent." Have the funds

been released since the release of the RFP? If not, how soon does the State expect the funds to be released?

The funds for the overall SIM project have been released. The funds for this contract will be released upon CMMI approval of the eventual selected Contractor.

Is the State able to provide a date range for when the State anticipates receiving approval of its SIM Design resubmission?

Hopefully within the next few weeks; this depends on several factors, including outside of the State's control. However, the release of the funds specific to this contract will be contingent upon donor (CMMI) approval of the Contractor.

Understanding the contract will not be awarded until the State receives approval of its SIM Design resubmission, could the State provide an estimated date for contract award (either a date range or number of days following CMS approval of the SIM Design resubmission)?

The State anticipates but cannot guarantee that a contract will be awarded approximately **six weeks** after the submission period ends. Unofficial notice of intent is expected to be communicated earlier; however, formal award will be contingent upon approval by both State agencies and CMMI.

We understand the State will be issuing an updated RFP. Could the State provide the date that updated RFP will be made available?

The State is finalizing its revisions to the original RFP and will post the amendment imminently. The due date for proposals has been adjusted accordingly to allow vendors more time to accommodate the changes.

RFP Key Information Summary Sheet, page iii – does the State have anticipated award and contract start dates?

The RFP amendment will contain the anticipated award and start dates.

Page 36 of the RFP references "letters of intended commitment to work on the project, including letters from any proposed subcontractor(s)." Could the State describe the required components of this letter?

The letter should simply state the key personnel's commitment to provide the services under the requirements on the project for the duration of the contract. The letter should be on the affiliated entity's letterhead.

Please clarify if the State is able to accept submissions by Fedex. If so, are there any special instructions, time restrictions or different address details for Fedex submissions?

Commercial couriers are required to make the submission due date and time. Please check with your selected courier to ensure they are able to meet the time requirements in advance.

Section 1.28 17: Are subcontractors required to register with the State of Maryland? If so, is this to be done prior to or upon award?

In order to do business with the State Of Maryland, an Offeror is required to be registered and in good standing with the State Department of Assessment and Taxation (SDAT). It is strongly recommended that any potential Offeror complete registration prior to the due date for receipt of Proposals.

Section 5.5.3, Award Determination, page 43, states "In making this most advantageous Proposal determination, technical factors will receive equal weight with financial factors." Please clarify whether this means that the technical proposal and financial proposal will be weighted 50/50.

Yes, the technical and financial proposal will be weighted 50/50.

Contractual

With regard to the applicability of Attachment H (Federal Funds), please confirm that: the contractor would be considered a vendor of services; the services under this agreement are not cost-based but are rendered on a fee basis; and therefore, the OMB Circular A-133 Audit requirements in Attachment H will not apply to contractor under this agreement.

This inquiry is still under review. The Department will respond as soon as the review is complete and an answer is available.

Section 3.4 28 Are the insurance policy requirements amendable?

The Department will not amend Section 3.4 – Insurance Requirements.

Attachment C: Are subcontractors required to submit Attachment C?

No

Will the vendor selected for the Development of Medicaid Integrated Delivery Network for Dually-Eligible Individuals in Maryland be potentially precluded from potential future RFP awards related to Maryland Medicaid or Medicare i.e. data enhancement, analysis, performance measures or reporting?

No, such vendors would not be precluded.

Non-compete Clause Prohibition - will proposals that do not comply with the non-compete clause prohibition be deemed noncompliant or not considered for award?

The Non-Compete Clause Prohibition is standard language typically aimed at contracts for ongoing scopes of work that are re-solicited upon expiration. As this contract is supported by a federal grant with a finite period of performance, the State does not anticipate needing to put out this solicitation for re-bid after the contract's conclusion. As such, there should be no Offerers who are not able to comply with this clause. However, in the event of a no-cost extension, any language pertaining to personnel—including, but not limited to, the clause in question and Section 1.23—would continue to apply.

Section 1.24, Mandatory Contractual Terms, page 17, states, "Any exceptions to this RFP or the Contract shall be clearly identified in the Executive Summary of the Technical Proposal. A Proposal that takes exception to these terms may be rejected (see RFP Section 4.4.2.4)." What kinds of exceptions result in rejection of a proposal, i.e. exceptions to specific contractual terms and conditions provided in Attachment A? Specifically, is the State amenable to considering a limitation of contractor's liability.

Attachment A is considered a template document that puts all offerors on equal footing while serving the State's interest. The State does not anticipate changes to Attachment A, including changes to the limitation of contractor liability, that would require the issuance of a new procurement.

Section 5.5.3, Award Determination, page 43. Like the Maryland Department of Health and Mental Hygiene, several states have released Request for Proposals (RFPs) for assistance from firms for their State Innovation Model (SIM) federal grants. Our firm has responded to several of those and is awaiting award decisions. Should our firm be awarded one or more of those, it might impact our ability to take on additional SIM-related work for Maryland. Since we don't know the award decisions of those RFPs, and probably won't until after submission of this response, is a firm that has submitted

a response allowed to withdraw their proposal after the due date and/or upon notification of contract award?

Section 1 , 1.11 states - Proposals may be modified or withdrawn by written notice received by the Procurement Officer before the time and date set forth in this section for receipt of Proposals. So, the answer is **no**, the offeror is not allowed to withdraw their proposal **after** the due date and/or upon notification of contract award.